



Business Premises Details
Business Name:
Contact Name:
Address of Business:
Premises Phone Number(s):
ABN or ACN:

Does your business carry out any of the following activities? **(Tick where applicable)**

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>	Hair Removal (e.g. waxing)
<input type="checkbox"/>	<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	<input type="checkbox"/>	Cosmetic Enhancement
<input type="checkbox"/>	<input type="checkbox"/>	Scarification	<input type="checkbox"/>	<input type="checkbox"/>	Semi Permanent Makeup
<input type="checkbox"/>	<input type="checkbox"/>	Ear Piercing	<input type="checkbox"/>	<input type="checkbox"/>	Colonic Lavage
<input type="checkbox"/>	<input type="checkbox"/>	Body Piercing	<input type="checkbox"/>	<input type="checkbox"/>	Any other deliberate penetration or removal of skin (e.g. cuticle cutting, micro-dermabrasion, razor scrapping)

If you answered **yes** to any of the above, please complete the following section. If you answered **no**, you are not required to complete the remainder of this form.

Are the procedures being carried out by a Health Practitioner registered under the Health Practitioner Regulation National Law or by a person under the direction or supervision of a registered Health Practitioner? **YES / NO**

If you answered **no** to the above question regarding Health Practitioners and you carry out any of the abovementioned skin penetration procedures, please complete the following section.

Occupier of Premises Details
Name of Occupier:
Residential Address of Occupier:
Occupier's Phone Numbers:

Does your business carry out procedures in a mobile premise within Murray River Council? **YES / NO**

Signed: _____ Print Name: _____ Date: _____

ONCE COMPLETE, PLEASE RETURN TO COUNCIL.

Murray River Council must be notified within 7 days of any change of particulars